California Mental Health Planning Council

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June 30, 2011

Cliff Allenby, Acting Director
Department of Mental Health
1600 9th Street
Sacramento, CA 95814

Dear Mr. Allenby,

Pursuant to our Memorandum of Understanding, the California Mental Health Planning Council conducted a peer review of programs funded by the Substance Abuse and Mental Health Services Block Grant in Orange County on April 14-15, 2011. Attached is the final report on that review, including the response from Orange County.

If you have any questions about this review, please contact Ann Arneill-Py, PhD, at (916) 651-3803 or by email at Ann.Arneill-Py@dmh.ca.gov.

Sincerely,

Ann Arneill-Py, PhD
Executive Officer

Enclosure

cc: Sue Lyon
Vallery Walker
Quality Improvement Committee

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Peer Review Report
Orange County Health Care Agency
Behavioral Health Services

Background

Orange County is a large, urban, ethnically diverse county. As of 2010, it had following race/ethnicity composition in the county:

Race/Ethnicity	Percent
Euro American	44%
Latino	33%
African American	2%
Asian/Pacific Islander	18%
Native American	1%
Other	2%

Source: 2010 California Census

The Behavioral Health Services (BHS) budget for fiscal year 2009-10 was approximately $282 million, and it served 127,481 unduplicated clients. According to its application for Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant funds for fiscal year 2009-10, its total budget from that source was $2,368,439.

The SAMHSA Block Grant is a federal source of funding. In federal fiscal year 2010, California received $56 million. The Block Grant is a relatively unrestricted source of funds that can be used for a variety of services, including emergency services, screening for facility admission, outpatient services, psychosocial rehabilitation, day treatment, partial hospitalization, or juvenile justice mental health treatment. Some uses of funds are prohibited: inpatient services, cash payments to service recipients, land or building purchase or improvements; matching other federal funds; and financing assistance to a for-profit entity.

Program Description

Adult Mental Health Services Co-occurring Substance Abuse Outpatient Program

The Adult Mental Health Services (AMHS) Co-occurring Substance Abuse Outpatient Program uses a multidisciplinary team approach to assist in the consumer's recovery process. The teams include psychiatrists, mental heath nurses, clinical social workers, marriage and family therapists, mental heath specialists and mental health workers (consumer employees.) The AMHS staff receives numerous crisis=related telephone calls from a variety of police departments, hospital emergency rooms, day care centers, long term care facilities, or private homes. The clinicians provide essential behavioral health triage services including counseling to address prescription abuse problems and other substance abuse problems, crisis management, evaluation forms, involuntary

hospitalization, emergency placements, family consultations, transportation to emergency medical and other health services appointments. The staff is made up of trained professional who recognize the need for on-going knowledge of cultural, age, gender, and lifestyle differences. Consumers generally have the opportunity to speak to a clinician in their own language. Culturally sensitive outreach clinicians, working collaboratively with other community services, may avert crises by developing relationships with consumers and their families. After initial collaborative efforts, clinicians assess the consumer's overall situation. Services are coordinated with the existing resources with the community to offer a comprehensive program to the clients. The AMHS Co-occurring Substance Abuse Program utilizes the Matrix Model which focuses on behavioral skills training designed to help people with serious mental illness stop abusing drugs and alcohol. The SAMHSA Care Coordinators lead groups in their assigned clinics, in the community, and provide individual counseling sessions. Each SAMHSA Care Coordinator carries a caseload of 20-30 consumers diagnosed with co-occurring substance abuse and mental illness and provides consumers with mental health and care management services focusing on relapse prevention. During the review period a total of 362 consumers received services

AMHS provides peer run clubhouses at four clinic locations. These clubhouses are consumer driven with active participation of consumers in the services offered by the clubhouse program for each program site. The services provided at each site include co-occurring substance abuse groups and activities, support, self-help, education groups, community meetings, games, physical conditioning, and visits to places of interest in the community. The clubhouse averages 20-25 consumers weekly.

Staffing Chart

Staff	FTE
Clinical Social Worker II	3
Clubhouse (MHW) I	2
Clubhouse MHW I (rollover)	.5
Total	5.5

Source: San Joaquin County Block Grant Application, Fiscal Year 2009-10

Program Budget

The gross cost for the program for Fiscal Year 2009-10 is $492,215.

Clients Served, Fiscal Year 2009-10

Race/Ethnicity	Number of Clients	Percentage of Total
White	225	62%
Iranian	7	2%
Hispanic	79	22%
African American	14	4%
Asian/Pacific Islander	8	2%
East Indian	1	0.3%
Amerasian	1	0.3%
Other Asian specified	3	0.8%
Native American	1	0.3%
Other not specified	5	1.4%
Unknown	15	4%
Total	362 total unduplicated	

Residential Rehabilitation Program

The BHS contracts with State Licensed Community Care Facilities to provide its Residential Rehabilitation Program, which is a system of residential rehabilitation services for adults. The total number of beds available in fiscal year 2009-10 through the Residential Rehabilitation Program was 189. The program is designed to provide housing for those consumers who are coming out of an inpatient setting and need additional supportive services in a structured environment. The program also provides additional placement resources for those consumers who have had difficulty in other housing and require more structure in order to stay in the community. Services focus on consumer strengths and providers assist consumers in developing the necessary skills to live independently or to remain in the community in basic residential care facilities. Consumers also receive mental heath and case management services from the Mental Health Services Care Coordinator. The Peer Review Team reviewed the Caring Village, which has 49 beds.

Staffing Chart

Staff	FTE
Administrator	1
Care Coordinator	1
Activity Coordinator	1
Cook	1
Total	4

Source: Caring Village

Program Budget

The program contract with BHS for fiscal year 2009-10 was $ 268,275.

Clients Served, Fiscal Year 2009-10

Race/Ethnicity	Number of Clients	Percentage of Total
White	163	68%
Hispanic	35	14%
African American	12	5%
Asian/Pacific Islander	27	11%
Native American	1	1%
Other	3	1%
Total	241 unduplicated clients	

Methodology

In federal statute Title XIX, Part B, Subpart 1, Section 1943(a)(1) requires that an independent peer review be conducted of block grant programs to assess the quality, appropriateness, and efficacy of treatment services. These reviews are to be conducted on at least five percent of the entities providing services in the State.

The California Mental Health Planning Council (CMHPC) has been delegated the responsibility to conduct these peer reviews by the Department of Mental Health pursuant to a Memorandum of Understanding. The CMHPC is mandated in federal statute to review and comment on the annual Block Grant Application and Implementation Report, to advocate for persons with serious mental illnesses, and monitor, review, and to evaluate the allocation and adequacy of mental health services within the State. In state statute, the CMHPC is mandated to provide oversight of the public mental health system, to advocate for adults and older adults with serious mental illnesses and children and youth with serious emotional disturbances and their families, and to advise the Legislature and the Department of Mental Health on mental health policies and priorities. Under the Mental Health Services Act, the CMHPC is also mandated to provide oversight of the education and training component of the Act.

To conduct the peer review, the CMHPC assembled a review team that consisted of one client, one family member, one mental health provider/professional, one representative from a county mental health program, and two CMHPC staff. The representative from a different county mental health program is required to create the "peer" review aspect of the review.

In advance of the review, the BHS was asked to respond to set of questions about the program. A copy of the questions is provided in Appendix A. The review process for the Adult Mental Health Services Co-occurring Substance Abuse Outpatient Program consisted of a tour of the facility. During the review, the county mental health program representative and the mental health provider/professional conducted a focus group with 6 staff. A copy of those questions is provided in Appendix A. The focus group consisted of two females and four males. There were three Whites (66%), one African American (17%), and one Asian Pacific Islander (17%) Staff had been with the program an average of 5.5 years with a range of 2.5 to 11 years and a median of 4 years.

During the review, the client and family member representatives on the review team conducted a focus group with 11 clients. A copy of the questions is provided in Appendix A. The demographic breakdown of the clients responding to the survey is as follows. Males comprised 5 (46%) of the sample; females comprised 3 (27%) of the sample, and the gender was unknown for 3 (27%) of the sample. They had been in the program an average of 3 years. The range was .25 to 11 years, and the median was 1.5 years. They were all White.

In advance of the review, the BHS was asked to respond to set of questions about the Residential Rehabilitation Services Program provided in Appendix A. The review process consisted of a tour of the facility. During the review, the county mental health program representative and the mental health provider/professional conducted a staff focus group that consisted of 4 persons. Three were female, and one was male. They were all Asian Pacific Islanders.

A client focus group was conducted by the client and family member representatives of the team. The group consisted of 21 clients, 8 (38%) of whom were male and 5 (24%) of whom were female and 8 (34%) whose gender was unknown. They had been in the program an average of 2.5 years. The range was 2 days to 7 years, and the median was .33 years. They had the following Race/Ethnicity:

Race/Ethnicity

Race/Ethnicity	Number	Percent
White	9	42.8
Hispanic	1	4.8%
African American	1	4.8%
Mixed Race	2	9.5%
Unknown	8	38.1%

Source: Focus Group Survey

The report was provided to the BHS for their review and comment. A copy of their letter responding to the review is provided in Appendix B. The final report was provided to the State Department of Mental Health in compliance with the federal peer review statute.

Findings

Adult Mental Health Services Co-occurring Substance Abuse Outpatient Program

Strengths

- The clients reported that many aspects of the program were helpful to them
  - → The program provides an opportunity to socialize, to get out of their house, and to be around other people
  - → Staff are very warm, welcoming, open, positive, and encouraging
  - → Staff pay the same amount of attention to each client
  - → The structure of the program is very helpful
  - → Peer support is an important feature. Clients feel that they are not being judged

- → Having peers run groups is important because clients can learn from someone who has lived experience with substance abuse
- → The program is very helpful with physical problems, such as diabetes and weight loss
- → Clients are aware of their treatment plans and are involved in setting their own goals
- → Care coordinators help clients work to achieve their goals one step at a time so they are manageable and able to be achieved

- Testimonials—Clients said:
  - → "The program helped me get beyond my trust issues. I feel safe and have not felt that way in a long time"
  - → "The program helps me stay focused on my goals. The structure of the program keeps me on an even keel"
  - → "The program helps me understand that recovery is a life long process and that I have the opportunity to live a full life, especially to go back to work"
  - → "The program saved my life"
- Clients from other cultures are all treated equally
- The program provides expert treatment focused on both psychiatric and substance abuse disorders
- Therapists have lived experience with substance abuse
- Implementation of evidence-based practices, such as Motivational Interviewing, Cognitive Behavioral Therapy, and mutually supportive group therapies
- Limited caseloads facilitate wraparound style intensive treatment
- In-house Dual Recovery Anonymous meeting make 12 Step Recovery accessible to clients
- Active efforts to reduce stigma associated with co-occurring mental illness and substance abuse
- There is a focus on program development
  - → Training is available to staff. The county provides free training, and individual staff have $3000 per annum in training and education funds
  - → Recognition that 80% of clients in the county have co-occurring mental illness and substance abuse problem. SAMHSA staff provide training to other county staff to increase their competency
  - → Solicited the University of California Los Angeles to evaluate the program and assess its capacity to serve co-occurring clients
- Examples of program success
  - → 33 year old Vietnamese-American male referred to program by inpatient hospital following 5150 for danger to self and others. Patient became sober from methamphetamines. Psychoactive medications were tapered and eventually discontinued. Patient was referred to the community for on-going 12-Sep support
  - → 23 year old Caucasian female referred to program following multiple hospitalizations. Patient became sober and adhered to medication regime with good results. She just celebrated 1 year of being clean and sober and not been hospitalized since her admission to the program

→ 47 year old Iranian-American male referred by Recovery Court following DUI conviction. Patient was able to remain sober and successfully avoided further incarceration. This case was closed and he was referred for 12-Step support in the community

Opportunities for Improvement

- Have all Clubhouses open 5 days a week. Consider using interns as needed to accomplish this
- Provide more vocational rehabilitation services at all Clubhouses; e.g. interviewing skills and resume development
- Provide larger budget for Clubhouses so that staff do not have to spend their own money on refreshments and supplies
- Develop a drug testing program
- Develop measurable objectives to evaluate the outcomes of this program

Caring Village

Strengths

- Clients reported that many aspects of the program were helpful to them
  - → They valued the structure of the program and that all the groups start on time
  - → Staff are very responsive and treat clients like regular people
  - → Clients respect each other, like each other, and feel like family
  - → The program supports involvement with family
  - → They value their freedom to come and go
  - → Access to medication is important
  - → The program is responsive to clients' medical needs
  - → They like the token economy system
  - → They valued the Client Advisory Group
- The program helps with client recovery in two ways
  - → It provides a safe environment so clients can work things out
  - → It meets clients' basic needs thereby mitigating unnecessary stressors so that they can work on their mental health issues
- The program emphasizes opportunities for clients to do art projects and develop creative abilities, displaying art works in the facility and facilitating display of art work in the community
- The program focuses on problem-solving with clients one step at a time, guiding and supporting clients and not putting a lot of pressure on clients
- The program provides guest speakers, such as from the Social Security Administration and the Housing Authority
- The program offers community linkages for its clients
  - → Clients are encouraged to go to the Wellness Center, the Hope Center, the Center for a Brand New Day
- The program collaborates with other county services

- → Residents receive medication support, case management, individual therapy, and crisis management from emergency services programs operated by the county
- → More independent clients may access medication support services through the county's Administrative Services Organization's private practitioner program
- → Case management services are provided for clients on public conservatorships by the Lanterman Petris Short program
- → Employment services may be accessed through the county's Employment Works program or residents may receive additional training through Pacific Clinics Consumer Training Program or the Recovery Education Institute
- → The county's Adult Mental Health Services Outpatient clinic's SAMHSA staff provide dual diagnosis recovery groups on-site upon request

- ♦ The program demonstrates flexibility in working with its clients
  - → The preferred method of distributing medication is with blister packs, but one client could not obtain his medication this way. The program adapted its medication distribution method to accommodate this client
  - → The program accommodates clients with physical limitations; e.g. it made necessary adaptations to accommodate a blind client
- ♦ Clients from other cultures are treated with respect and compassion
- ♦ Program staff do very detailed charting on residents to provide information to psychiatrist, physicians, and therapists
  - → Even the cook is involved in service provision and client tracking
- ♦ The Residential Rehabilitation Program achieves its goals
  - → The goals of the Residential Rehabilitation Program focus on developing independent living skills resulting in residents moving to lower levels of care (e.g. basic board and care homes, room and boards, independent living). From a total of 63 residents who moved out of Residential Rehabilitation facilities in fiscal year 2009-10, 37 (59%) were able to move to a lower level of care

Opportunities for Improvement

- ♦ Clients desire more variety in the meal menu. In addition, the client who is a vegetarian should be able to receive vegetarian meals more frequently on site
- ♦ Clients would like more medication education
- ♦ Client would like more groups, such as a group on self-esteem and reactivating the Thinkers Group
- ♦ Clients would like more activities, such as having a ping pong table, a pool table, and a bigger area for art projects
- ♦ Clients would like to have a computer with internet access
- ♦ Not all staff have a requirement to obtain CEUs as an incentive to seek training. Staff without CEU requirements should be encouraged to seek more formal training opportunities
- ♦ Transportation can be a barrier to providing opportunities for outings into the community. However, the program should explore alternatives for providing more outings

- Care coordinators should make an effort to make the program more client driven. The program provides services that are very caring and compassionate. However, clients do not seem to be aware of having a treatment plan or of setting their own goals. Care coordinators should work with clients on developing their treatment plans and setting their own goals, especially since the goal of this program is to move clients to lower levels of care

Appendix A

Substance Abuse and Mental Health Administration Block Grant
Peer Review Protocol

1. Have there been any revisions to the program description? If so please describe.
2. What staff are providing services? Please specify in full time equivalent positions.
3. How does the program serve the target population; e.g., Children and Youth, Transition Age Youth, Adults, and Older Adults.? Please specify the number of clients served by target population for fiscal year 2009-10.
4. Has this program undertaken collaborative efforts with other County programs?
5. Please provide data on the measurable objectives in the Program Evaluation Plan for fiscal year 2009-10. If there are problems achieving the objectives, what has been or needs to be done to improve achievement?
6. Does this program have a role in reducing racial/ethnic/cultural disparities in your county?
7. What barriers have you encountered? What means have been used to eliminate any identified barriers?
8. What special gains or service reforms have occurred as a direct result of the County's SAMSHA grant program?

Staff Focus Group Questions

Start with review team introductions. Then, ask each person in the focus group to introduce themselves and say a little about their role in the program and how long they've been with the program.

1. Please tell us about the program. How is the program staffed? Who is served? How are potential consumers identified? How is assessment conducted? How do you develop treatment plans? What services do you provide?
2. What are the program's strengths/successes and what are the program's challenges? From the perspective of management? Supervisor? Line staff?
3. What interagency involvement is there? How successful is collaboration? What strategies are used to facilitate collaboration? Management? Line staff?
4. How are staff trained? Is there any training regarding specific treatment approaches or treatment philosophy? What kind of training is provided regarding Cultural competency? How is Cultural Competency training incorporated into service delivery? Do staff receive any specific training on Recovery principles? Describe. How are Recovery principles incorporated into service delivery?
5. What does success look like for the program's consumers? Please provide some examples. What are the greatest challenges for obtaining this success? What are the programs greatest strengths in helping consumers succeed?
6. If we asked consumers what they thought about the program, what would they tell us? What would be the program's greatest challenges from their perspective? What would be the program's greatest strengths? If we talked to consumers, what would they say about cultural competency? About the focus on recovery?

Client Focus Group Questions

1. What part of this program do you think is the most helpful to you?
2. How involved are you in helping to develop your treatment plan and setting your goals?
3. What goals are most important for you, and how do your services help you get there?
4. How is this program helping you "recover" from the problems that brought you here?
5. Do you consider yourself to be a part of a certain culture, such as ethnicity, age, or religion? Is the staff respectful of this when they talk to you or assist you in your plans?
6. Are you receiving community-supported services in preparing you for transition to independent living; e.g. employment, housing, education?
7. What do you recommend for improving services here?

Appendix B

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

Excellence
Integrity
Service

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June 29, 2011

Ann Arneill-Py, PhD, Executive Officer
California Mental Health Planning Council
1600 9th Street, Room 420
Sacramento, CA 95814

SUBJECT: RESPONSE TO SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) PEER REVIEW CONDUCTED APRIL 14-15, 2011 IN ORANGE COUNTY

Dear Dr. Arneill-Py:

The County of Orange, Health Care Agency, Behavioral Health Services, is in receipt of the California Mental Health Planning Council's draft Substance Abuse and Mental Health Services Administration (SAMHSA) final peer report.

As requested, we have reviewed the report. Please find attached a summary of responses to the program and overall recommendations.

We appreciate the time and effort you and your team took to review these very important programs and your feedback you provided to us. We look forward to working with you in the future. Please do not hesitate to contact Danielle Craycroft at (714) 796-0208 if you have any questions or need more information.

Sincerely,

Mark A. Refowitz
Behavioral Health Director

RESPONSES TO SAMHSA PEER REVIEW CONDUCTED APRIL 14-15, 2011 IN ORANGE COUNTY
JUNE 29, 2011

ADULT MENTAL HEALTH SERVICES CO-OCCURRING SUBSTANCE ABUSE OUTPATIENT PROGRAM

Responses to Adult Mental Health Services Co-occurring Substance Abuse Outpatient Program, page 7

1. **Have all Clubhouses open 5 days a week. Consider using interns as needed to accomplish this.**
   We are working on filling the vacancies in order to increase Clubhouse hours to 5 days a week.

2. **Provide more vocational rehabilitation services at all Clubhouses; e.g. interviewing skills and resume development.**
   We will identify Clubhouse consumers to link to Vocational Rehabilitation Services in our Employment Works program and Educational Development Department. We will make computers available in the Clubhouses for consumers to utilize for resume development and researching employment opportunities.

3. **Provide larger budget for Clubhouses so that staff do not have to spend their own money on refreshments and supplies.**
   Staff members have been educated as to the availability of the Clubhouse budget, identified shoppers, and appropriate purchases for all Clubhouses. Staff members are encouraged to utilize this process instead of spending their own money on refreshments and supplies.

4. **Develop a drug testing program.**
   Staff members have access to drug testing as clinically indicated.

5. **Develop measurable objectives to evaluate the outcomes of this program.**
   We are in the process of developing measurable objectives to evaluate the outcomes of this program.

RESIDENTIAL REHABILITATION PROGRAM

Responses to Residential Rehabilitation Program, pages 8-9

1. **Clients desire more variety in the meal menu. In addition, the client who is a vegetarian should be able to receive vegetarian meals more frequently on site.**
   AMHS staff has recently provided training on nutrition, including vegetarian options. We will continue to stress the importance of a greater variety in foods offered daily to accommodate the specific needs of all clients.

2. **Clients would like more medication education.**
   AMHS staff will request program staff to include medication groups in their programming.

3. **Clients would like more groups, such as a group on self-esteem and reactivating the "Thinkers" group.**
   Increasing the number and variety of group offerings will be discussed with the operators at the next Residential Rehabilitation providers meeting.

4. **Clients would like more activities, such as having a ping pong table, a pool table, and a bigger area for art projects.**
   This will be explored in facilities having available covered space to accommodate such options.

5. **Clients would like to have a computer with Internet access.**
   AMHS will suggest to all providers to provide client with a community computer with Internet access.

6. **Not all staff have a requirement to obtain CEU's as an incentive to seek training. Staff without CEU requirements should be encouraged to seek more formal training opportunities.**
   All Residential Rehabilitation staff are invited to attend the ARF CEU trainings. Several of the facilities do regularly bring several of their non-accredited staff. Facilities need to rotate which staff they bring due to the need to provide facility staffing simultaneously.

7. **Transportation can be a barrier to providing opportunities for outings in to the community. However, the program should explore alternatives for providing more outings.**
   Outing opportunities will be discussed and emphasized with the operators during the Residential Rehabilitation provider's meetings.

8. **Care Coordinators should make an effort to make the program more client driven. The program provides services that are very caring and compassionate. However, clients do not seem to be aware of having a treatment plan or of setting their own goals. Care Coordinators should work with clients on developing their treatment plans and setting their own goals, especially since the goal of this program is to move clients to a lower level of care.**
   AMHS staff will review the importance of working collaboratively with their clients during the treatment planning process and make sure each client is offered a copy of their treatment plan for their own reference.